

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11		1				
12		2				
13		2				
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		2				
36		1				
37		1				
38		1				
39		1				
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	40					
TOTAL DEP.	3					
TOTAL CLAIMS	43					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						